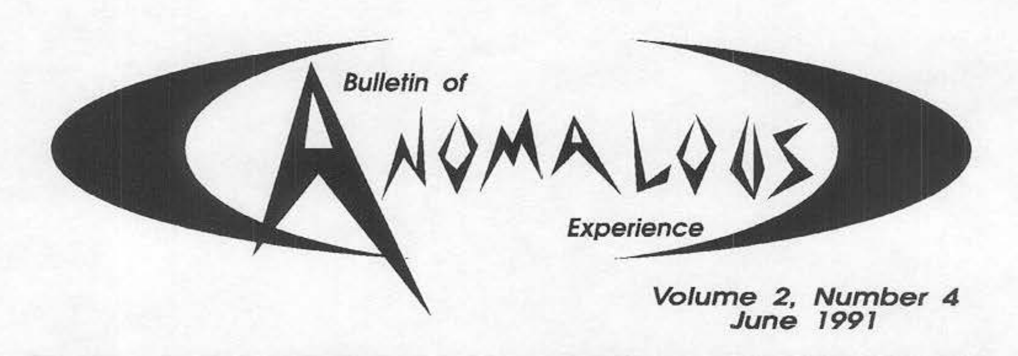


Volume 2, Number 4
June 1991

In This Issue:

- **Editorial: Readership Profile; Tabloid Troubles**
- **Networking: More Bios**
- **Hilary Evans comments on the Omega Project**
- **Cautionary Notes on Hypnosis**
- **Supreme Court Speaks on Admissibility of Hypnotically-Enhanced Recollection**
- **Original Research! The "Magnetic Implant Response"**
- **Personality Characteristics of Persons Reporting Experienced Anomalous Trauma, by Donald Johnson, Ph.D.**
- **Twelve Fast and Delicious Summer Salad Recipes** (oops, wrong newsletter)



Editorial Musings

A special welcome to Joanne Hager, Ph.D. (psychologist in the Boston area), who joins me as Associate Editor.

Thanks to all who sent in their subscription renewals (and the kind words that came along with many of those renewals). The Bulletin should be self-supporting for the duration of 1991, which is one less burden to carry.

Last issue I promised an article on an innovative treatment for Post-Traumatic Stress Disorder called Eye Movement Desensitization. It got bumped again, but will probably show up here sooner or later.

Readership Profile

As promised last issue, here is a breakdown of our small readership by profession:

- Psychologists - 17
- Psychiatrists - 7
- MDs (other than psychiatrists) - 15
- Other mental health professionals - 4
- Ph.D. (not in mental health prof'n) - 4
- Folklorists - 4
- Writers/Researchers - 6
- Ufologists - 17
- Other interested parties - 4

Inquiring Minds Want To Be Left Alone!

I was dismayed to hear from a friend recently that an article about my work with abductees had appeared in an April issue of the National Enquirer. I will not dignify this piece by reproduction here; it contained the usual hyperbole and distortion associated with that publication. I had not, to my recollection, ever knowingly talked to a reporter from the Enquirer. The story I have pieced together of how this came to happen should serve as a cautionary tale for those of you who may encounter some media exposure of your own from your work in anomalous experience.

As I mentioned last issue, in January 1991 an article about my work with abductees appeared in the Medical Post, a biweekly medical newspaper distributed across Canada. The article was sober, clinical, and presented the issues in a sympathetic light.

A number of reporters (print and radio) called me in the weeks after the article appeared. Apparently it is common practice for journalists to sniff out interesting stories by following the medical journals and trade papers. Most of the people I spoke to by telephone were quite receptive to what I had to say, in the way I wanted to say it....except for one fellow.

Esmond Choeke called long distance from Montreal, and said he was from the "Northern News Service." As best I can recall, he said the Northern News Service was a wire service supplying news stories to various Northern Canadian newspapers. What set him apart from the others was his focus on collecting as many exotic and lurid stories as possible. Every time I tried to steer him

away from this direction, and focus on the clinical and scientific issues, he seemed distinctly unreceptive.

After the Enquirer article appeared, I spoke to a local writer friend who recognized the modus operandi of this fellow. According to my friend, the "Northern News Service" is just this guy working out of an apartment. He sells these stories to tabloids.

The article appeared in the midsection of the paper, with no drawings or photographs to draw attention to it. Fortunately, the only fallout from the article was a call a week later from a radio station in Toledo, Ohio. They wanted to do a live interview with me the following morning on their drive-in show. The reporter made the tactical error of telling me that he had obtained my name from the Enquirer article. I politely declined.

Mr. Choueke seems to be a dedicated reader of the Medical Post. A month or so after my article appeared, the Post printed a story (by the same reporter) about a local GP psychotherapist with an interest in Spiritual Emergence crises. He called this doctor, claiming again he worked for the "Northern News Service," and did a telephone interview, which according to the doctor was presented more as fact-checking (!) of a story he had already written based on the Medical Post item. Later, Mr. Choueke called the reporter and tried to find out how to get permission to use the photo of the physician that was printed in the Post. Mr. Choeke admitted to the reporter that the destination of his piece was the National Examiner, another tabloid.

The reporter informed the doctor in question, who felt just as violated as I did: Mr. Choueke doubtless knew that if he had admitted to us that he was writing for the Inquirer and the Examiner, neither one of us would have spoken to him.

As a result of Choueke's double-header, the reporter has recommended to the Medical Post that they publish some kind of warning to subjects of articles to be careful of this kind of misrepresentation.

I would be interested in any similar stories you may have to share on this topic, including how you deal with the media and how you protect yourself from this kind of undesired exposure.





Networking

Laura Boyle, MD

17430 Campbell Road #100
Dallas, Texas 75252
Telephone: (214) 248-0333

Education

BA - Miami University

MD - University of Cincinnati

Psychiatry residency - North Carolina Memorial Hospital, University of North Carolina, Chapel Hill, North Carolina

Child and Adolescent Psychiatry Fellowship - Western Psychiatric Institute and Clinics, University of Pittsburgh

Licensed in Maryland and Texas.

Major interests: Adolescent psychiatry, substance abuse disorder, clinical psychopharmacology, panic disorders, affective disorders.

Professional Experience

8/89-present: Consultant, University of Dallas, Dallas Texas

8/89-present: Private Practice, Adult and Adolescent Psychiatry, Dallas Texas

10/86-7/88: Director of Adolescent Services, Taylor Manor Hospital, Ellicott City, Maryland

1/86-9/86: Associate Director of Adolescent Services, Taylor Manor Hospital

12/84-12/85: Staff Psychiatrist, Adolescent Program, Taylor Manor Hospital

7/83-12/84: Consultant, Northern New York Center School for the Emotionally Disturbed, Plattsburgh, NY

7/83-6/84: Consultant, Board of Cooperative Educational Services, Plattsburgh, NY

7/83-7/84: Consultant, Clinton County Mental Health Clinic, Plattsburgh, NY

7/83-12/83: Medical Director, Northern New York Center for the Emotionally Disturbed, Plattsburgh, NY

Faculty Appointments

1/86-7/88: Clinical Assistant Professor, University of Maryland

Professional Memberships

American Medical Association
American Psychiatric Association
American Academy of Child and Adolescent Psychiatry
Maryland Psychiatric Association
Med Chi
American Society for Adolescent Psychiatry
North Texas Society of Psychiatric Physicians

Articles

1989 - "The Changing Face of Drug Abuse," DALLAS CHILD

1989 - "Teen Suicide," DALLAS CHILD

Dr. Boyle has an extensive list of teaching activities and invited speeches to medical students, psychiatry residents and practising psychiatrists and other mental health professionals.

She is now "Abductions Coordinator" for MUFON, and on the Intruder Foundations referral list. Currently, she is seeing about 12-15 abductees in her practice. Along with her sister Barbara Boyle, RN, and her associate Lynne Inman, she offers a once-a-month clinic for out-of-towners in addition to her regular abductee work. She also holds monthly support group meetings.

Jean E. Byrne, BSRN, PhD

Rt #1, Box 149KK
Norman, Oklahoma 73072
Telephone (405) 321-5349

From 1970-1973 I was a medical technician in the U.S. Air Force, and for 18 years I have been married to an Air Force pilot who is now retired. I have worked in the medical field for 25 years.

I received my BS in Nursing at Texas Women's University in 1978, and my hypnosis training at the American Institute of Hypnotherapy in Santa Ana, California in 1989. My nursing focus has been in the Mental Health area for the last 10 years, and I have a part-time position as Charge Nurse on a psychiatric acute care unit at St. Anthony's Hospital in Oklahoma City.

I maintain a private Holistic Health practice which incorporates Hypnotherapy and Massage Therapy. My practice includes corporate programs in Stress Management and Smoking Cessation as well as a number of individual clients. Most of my clients come to me for help with behavioral problems. I have a small number of clientele with whom I do Past Life Therapy. I am a member of the Association of Past Life Research and Therapies (APRT), and I received my training in PLT from that organization. I am also a member of the Association for Research and Enlightenment, and I use the Edgar Cayce principles in my practice.

I have been seeing an increasing number of clients who have the classic abduction scenario. I have been working with this type of client for the last 3 years. I was first introduced to this strange phenomenon by Richard Siefried who was then the Co-State Director for MUFON in Ohio. Both Richard and I were then living in the Dayton, Ohio area. Through an interesting series of events, approximately one year ago Richard and I both found ourselves transplanted to the same little town of Norman, Oklahoma, within one month of each other. Over the past year we have worked very closely, and with Jean Waller, the Oklahoma State Director. The three of us work as a team in our efforts to both gain information and to become a support system for the abductees. Usually Jean and Richard do the initial investigation and get the details, since they are often the first ones to be contacted by the individual. They usually refer the person to me whether or not they feel that a hypnotic regression would be in order. I function as the professional support person. I usually meet with the individual alone the first time, and then, if it is agreeable and the situation indicates that a regression is appropriate, we set up a session and Jean and/or Richard are present if the client is agreeable. (So far they have always been welcomed at the sessions. Both Jean and Richard are very caring and supportive people). This team approach has been very successful and gratifying to all concerned.

I have never had missing time or seen the greys, nor has my husband ever seen a UFO, although he spent 23 years in a flying capacity in the Air Force. Nevertheless, the abundance of reports from reliable sources that continue to mount makes it difficult for both of us to maintain our skepticism. I believe that I am in a position to be of service to my fellow humans in helping to unravel this mystery, although I did not consciously pursue this mission. Since my involvement with this phenomenon began, events have occurred which seem to be more than just coincidences.

The first time I heard Leo Sprinkle talk was at a conference sponsored by APRT, and my experience with abduction cases was minimal. Since then I have become more involved with MUFON, and have been receiving referrals from Budd Hopkins. I have been asked to organize a support group for abductees in the Oklahoma City area and I appreciate this opportunity to network via this newsletter.

David J. Hufford, Ph.D.

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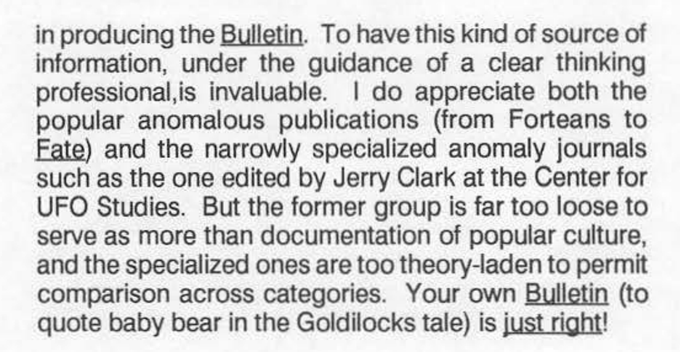
I am a folklorist (Ph.D. in Folklore & Folklife, U. of Pa., 1974), and my primary interest is in the study of supernatural belief -- which necessarily entails additional interest in all kinds of unconventional, unofficial (in general, 'Fortean') beliefs. I hasten to add that my approach is eccentric in terms of the conventional anthropological or folkloric work on this subject. I am interested in the relationship of such beliefs to experience and reason -- their empirical and rational elements. That's unusual, because most of my colleagues actually define the beliefs that interest me as non-empirical and non- or ir-rational.

In twenty-some years of research I am now thoroughly convinced that such beliefs, at least those that persist and have any sort of currency and widespread distribution, are vigorous precisely because they do have a 'tough' empirical base and because they are developed through the application of normal, sane, old-fashioned reasoning. I don't claim that they are all true (some conflict, so they cannot all be precisely true), but I certainly do think that the conventional claims that they have been shown false is a gross exaggeration rarely accompanied by data. The same for the claims that they are (1) not necessary because of superior conventional explanations for the same observations (i.e. parsimony -- but most conventional explanations are either not superior or do not actually refer to the same observations),

or (2) impossible to study in a systematic and rigorous fashion.

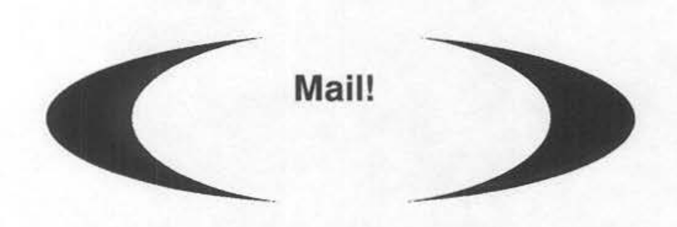
The bulk of my fieldwork has dealt with sleep paralysis and its role in a variety of cultural traditions of evil supernatural assault around the world. While the medical and physiological knowledge of this condition helps to explain some of its features, it does not currently explain the remarkably consistent, cross-culturally robust phenomenological pattern of the experience. These experiences remain anomalous yet available for systematic study.

In addition to sleep paralysis, I am interested in all anomalous experience and related interpretations, from alternative healing to mystical experience and NDEs. In closing, I want to express my appreciation for your work



in producing the Bulletin. To have this kind of source of information, under the guidance of a clear thinking professional,is invaluable. I do appreciate both the popular anomalous publications (from Forteans to Fate) and the narrowly specialized anomaly journals such as the one edited by Jerry Clark at the Center for UFO Studies. But the former group is far too loose to serve as more than documentation of popular culture, and the specialized ones are too theory-laden to permit comparison across categories. Your own Bulletin (to quote baby bear in the Goldilocks tale) is just right!





Hilary Evans sent along some thoughts on Kenneth Ring's Omega Project findings, discussed in last issue:

For anyone concerned with the behavior-patterns associated with anomalous experience -- which by definition includes anyone likely to be reading this -- Ken Ring's Omega Project must be the most important addition to our knowledge that anyone's offered us in many a long year. It gives scientific backing to what many of us have long but unscientifically felt: that people who have anomalous experiences are not just any Mr or Ms Average, but a selected or self-selected category.

But valuable as his findings are, they speak to us with a tongue hardly less forked than that of the notoriously ambiguous Oracle of Delphi. Thus, in his 'interpretation' section, Ring suggests that experiencers 'are the unwitting beneficiaries of a kind of compensatory gift in return for the wounds they have incurred in growing up.' A lovely heart-warming thought, entirely in character from such a kindly fellow as Ken. But has he interpreted the oracle rightly?

Don Donderi (who probably doesn't remember that he and I once shared a hotel bedroom in Salzburg), evidently perceives that there are at least two ways of looking at the matter. You quote him as asking 'Are there psychological correlates of abduction experiences?' (to which Ken's findings are a clear answer 'Yes') and then following through with a less easily answered question, 'Are these correlates a cause of, or an effect of, the experiences?'

Ring seems to have opted fairly firmly for a scenario which could rather crudely be summarised as: Traumatic childhood experience leads to psychological conditioning leads to anomalous adult experience. He may be right: But ought we not also to consider the possibility that the psychological condition pre-existed both the childhood and the adult experience?

In my study of alternate states, I had to confront the question: Are there ASC-prone people? The (provisional) answer thrown up by the evidence was that while ASCs can and do happen to just about everyone, they happen more often to some people than others. Anyone, that is, can be forced by circumstances (fear, shock, etc.) into an ASC; but there are also some who are particularly 'temperamentally suited' - "gifted" spirit mediums, weather-sensitives, easily-hypnotised subjects, and so on.

Well, you may say, even if this is so of ASCs, what have ASCs got do with anomalous experience? As I see it, a lot. For indeed, the reason I started looking closely at alternate states in the first place, was because my researches into certain anomalous experiences (specifically, claimed encounters with otherwordly beings) suggested that they occur frequently, maybe always, when the percipient is in an alternate state. Otherwise expressed, I found that to be in an alternate state is a favorable, and perhaps a necessary, precondition to having an anomalous experience.

Which permits us to construct the following syllogism:

1. People in ASCs are more likely to have anomalous experiences.
2. Some people are ASC-prone.
3. ASC-prone people are more likely to have anomalous experiences.

This still leaves open the question, whether people are born ASC-prone, or achieve it by following courses of 'self-development', or -- as Ring seems to be suggesting -- have ASC-proneness thrust upon them as a side-effect of the conditioning induced by childhood trauma.

But if bringing alternate states into the picture doesn't resolve the matter, at least it widens the field of inquiry, and that can only be helpful. For instance, if we look not only for the somewhat elusive psychological pointers that Ring has successfully identified, but also for the more blatant indications that the individual is ASC-prone, we may find revealing indicators lying unnoticed in childhood anecdotes -- 'he was always

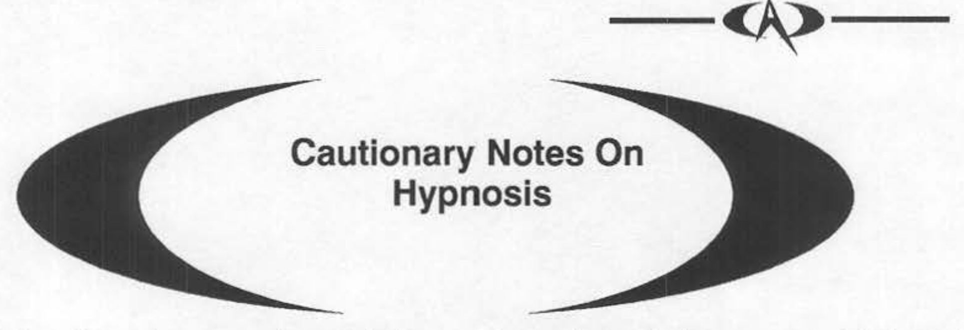
day-dreaming,' 'she was always inventing imaginary playmates' and the like.

My own view is that there are good grounds for thinking that some persons come into the world 'pre-conditioned' for anomalous experience, and that the childhood trauma are not the cause of their psychological set, but a consequence of it.

I offer these crude thoughts not to challenge Ken's marvellous findings, but to warn that we need to be very cautious before deciding in which direction we should follow through on them. Ken's project has ensured that we take the right path, when asked to choose between the 'experiencers are average' and 'experiencers are special' roads; but it gives us no clear guidance what to do at the next crossroads, where we have to decide at what state did they get to be that way?

Faced with the current proliferation of abduction claims, childhood trauma, multiple personality disorders, channeling and what have you, we may be tempted to take any road that looks as though it leads clearly out of the confusion and into the light. But as Don Donderi so cogently argues, we must learn to suspect the beaten track and be willing to choose the road less traveled by.

Ken may be reading the map right, when he proposes that childhood trauma lead to psychological conditioning and not the other way about; but then again, he may not.



Here is the first of two items that put a sober clinical perspective on the use of hypnosis. The opinions below were stimulated by a review the author did of Trancework: An introduction to the practice of clinical hypnosis. (2nd ed.). *by Michael Yapko. (1990, Brunner/Mazel Inc.). That accounts for the frequent references to* Trancework. *The review appeared in the same issue of AJCH.*

Some General Comments About Ericksonian Hypnotherapy

Peter B. Bloom, University of Pennsylvania
American Journal of Clinical Hypnosis
Volume 33, Number 4, April 1991

...there is a need for careful examination of some fundamental issues which make the Ericksonian movement so at odds with the rich traditions of the established field of hypnosis and psychotherapy and with the substantive research that is now available. These issues include: the Ericksonian concept of the ability to directly access the unconscious by ideomotor signaling, sometimes including: (1) the regression to and recovery of perinatal awareness and perhaps past lives; (2) the danger in applying hypnotic techniques without full regard for the individual's unique therapeutic context.

First, the Ericksonian concept of the easy accessibility to the unconscious, with regression to perinatal experiences and past lives by ideomotor signaling, needs attention. Yapko (in Tranceworks) writes: "Erickson had greater faith in the unconscious mind than he did in the conscious mind, and thus had a greater interest in techniques that made use of the unconscious mind's resources. Erickson also thought that if the client could communicate on multiple levels, why couldn't the clinician do the same?" I fully agree.

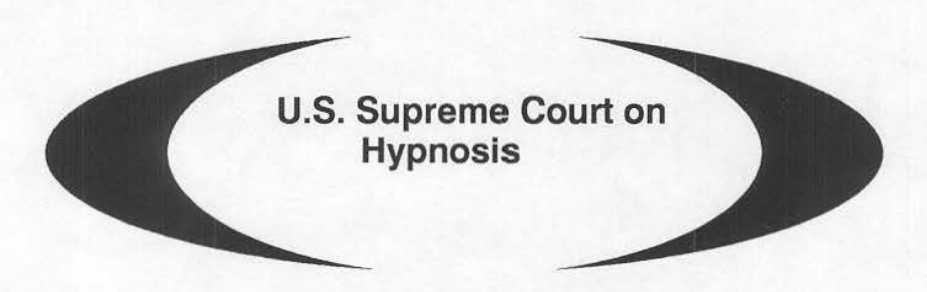
It is an easy step, however, for proponents of Ericksonian hypnotherapy to state that such direct communication with the unconscious mind literally occurs, much like simply opening a subdirectory on one's word-processing computer program. Accessing the unconscious is much more complicated. When some of our colleagues go on to state that perinatal, prenatal, and perhaps past-lives memories -- which elude the nonhypnotic therapist -- can often be revealed, they have made an unsupported allegation; such an allegation lies outside any scientifically established understanding of developmental and psychological literature. There is no evidence to support such a notion. To his credit, Yapko himself does not take this small but significant step. In fact, he states," ... you can convince a percentage of the population of anything. Hypnotic past-life regression, hypnotic ESP, hypnotic aura-reading, and countless other 'applications' of hypnosis are offered to those who are open to or already have beliefs in such phenomena." He concludes with a warning: "The serious problem is that a clinician (who has an interest in such an idea) can suggest an experience that the individual accepts as 'true'" which becomes detrimental to the patient.

Unfortunately, in Yapko's Frame of Reference section of his book, David B. Cheek describes his interest and experience in using ideomotor signaling in finding the source of current trauma in the buried past of his patients, even if it occurred when the child was yet unborn. As an experienced obstetrician-gynecologist, he studied hypnosis with LeCron and Erickson. Curiously, Cheek notes "that Erickson experimented with symbol ideomotor responses as early as 1929, but

gave them up in favor of watching the total picture of behavior with his patients." Despite Erickson's wisdom in this matter, my point here is that literal, simplistic concepts of conscious and unconscious minds can subtly lead well-trained practitioners into areas which reflect their own wishful views of the world, rather than any particular attribute of hypnosis or psychology as understood today...I accept that ideomotor signaling is a useful communication device during trance, but I suggest it has more to do with subtle therapist-patient cuing and with the patient's wish to communicate certain material than it has to do with directly uncovering unconscious material. In other words, it has no more relation to the mysteries of the mind than does the ouija board.

Second, Erickson's approach to hypnosis and psychotherapy is so replete with techniques that the role of context in the overall gestalt of therapy risks being lost. The contribution of altering the context in a patient's life as an effective treatment intervention is, I believe, one of Erickson's greatest gifts to psychotherapy. Accurately, Yapko properly acknowledges that "technique is inevitably bound to context. What succeeds in one context can be faithfully duplicated but still yield unfortunate results in another context." But I am concerned that the individual patient's unique dynamics will be lost in the rush to apply a series of hypnotic techniques uniformly. Orne's work demonstrated the powerful effects that contextual alterations have on subject responses. He argued that experimental subjects are active rather than passive responders to a variety of cues inevitably emanating from the experimental setting or context. Orne states: "We have labeled the sum total of such cues as the '<u>demand characteristics of the experimental situation</u>'". No research results with subjects or clinical interventions with patients can be properly evaluated, he reasoned, independent of "the subject's <u>active</u> attempt to respond appropriately to the <u>totality</u> of the experimental situation."





U.S. Supreme Court on Hypnosis

The Supreme Court of the United States recently dealt with the issue of the admissibility of hypnotically refreshed memory. Until this decision, testimony given under hypnosis, to establish the facts stated, has been barred under the Frye rule (Frye vs United States (1923)), which states that the results of a scientific test, which would otherwise be rejected as hearsay, will be admitted provided that the majority of the appropriate scientific community agrees that the test is reliable for the purpose for which it was employed.

A recent issue of the <u>International Journal of Clinical and Experimental Hypnosis</u> (1990, Vol XXXVIII. No. 4) carries a detailed examination of the decision. Presented below are excerpts from the text of the Supreme Court's decision, followed by portions of a commentary by Roy Udolf.

<u>Supreme Court of the United States</u>

No. 86-130
Vickie Lorene Rock, Petitioner v. Arkansas
On writ of certiorari to the Supreme Court of Arkansas
June 22, 1987

Justice Blackmun delivered the opinion of the Court.
The issue presented in this case is whether Arkansas' evidentiary rule prohibiting the admission of hypnotically refreshed testimony violated petitioner's constitutional right to testify on her own behalf as a defendant in a criminal case.

Petitioner Vickie Lorene Rock was charged with manslaughter in the death of her husband, Frank Rock, on July 2, 1983. A dispute had been simmering about Frank's wish to move from the couple's small apartment adjacent to Vickie's beauty parlor to t trailer she owned outside town. That night a fight erupted when Frank refused to let petitioner eat some pizza and prevented her from leaving the apartment to get something else to eat. When police arrived on the scene they found Frank on the floor with a bullet wound in his chest. Petitioner urged the officers to help her husband, and cried to a sergeant who took her in charge, "please save him" and "don't let him die." ...According to the testimony of one of the investigating officers, petitioner told him that "she stood up to leave the room and [her husband] grabbed her by the throat and choked her and threw her against the wall...at that time she walked over and picked up the weapon and pointed it toward the floor and he hit her again and she shot him."

Because petitioner could not remember the precise details of the shooting, her attorney suggested that she submit to hypnosis in order to refresh her memory. Petitioner was hypnotized twice by Doctor Betty Back, a licensed neuropsychologist with training in the field of

hypnosis. Doctor Back interviewed petitioner for an hour prior to the first hypnosis session, taking notes on petitioner's general history and her recollections of the shooting. Both hypnosis sessions were recorded on tape. Petitioner did not relate any new information during either of the sessions, but, after the hypnosis, she was able to remember that at the time of the incident she had her thumb on the hammer of the gun, but had not held her finger on the trigger. She also recalled that the gun had discharged when her husband grabbed her arm during the scuffle. As a result of the details that petitioner was able to remember about the shooting, her counsel arranged for a gun expert to examine the handgun. That inspection revealed that the gun was defective and prone to fire, when hit or dropped, without the trigger's being pulled.

When the prosecutor learned of the hypnosis sessions, he filed a motion to exclude petitioner's testimony. The trial judge held a pretrial hearing on the motion and concluded that no hypnotically refreshed testimony would be admitted. The court issued an order limiting petitioner's testimony to "matters remembered and stated to the examiner prior to being placed under hypnosis." At trial, petitioner introduced testimony by the gun expert, but the court limited petitioner's own description of the events on the day of the shooting to a reiteration of the sketchy information in Doctor Back's notes. The jury convicted petitioner on the manslaughter charge and she was sentenced to 10 years imprisonment and a $10,000 fine.

On appeal, the Supreme Court of Arkansas rejected petitioner's claim that the limitations on her testimony violated her right to present her defense. The court concluded that "the dangers of admitting this kind of testimony outweigh whatever probative value it may have," and decided to follow the approach of States that have held hypnotically refreshed testimony of witnesses inadmissible per se." Although the court acknowledged that "a defendant's right to testify is fundamental," it ruled that the exclusion of petitioner's testimony did not violate her constitutional rights. Any "prejudice or deprivation" she suffered "was minimal and resulted from her own actions and not by any erroneous ruling of the court." We granted certiorari to consider the constitutionality of Arkansas' per se rule excluding a criminal defendant's hypnotically refreshed testimony.

Decision

Petitioner's claim that her testimony was impermissibly excluded is bottomed on her constitutional right to testify in her own defense...even more fundamental to a personal defense that the right of self-representation, which was found to be "necessarily implied by the structure of the Sixth Amendment," (Faretta v California), is an accused right to present his own version of events in his own words. A defendant's opportunity to conduct his own defense by calling witnesses is incomplete if he may not present himself as a witness.

The Arkansas rule enunciated by the state courts does not allow a trial court to consider whether posthypnosis testimony may be admissible in a particular case; it is a per se rule prohibiting the admission at trial of any defendant's hypnotically refreshed testimony on the ground that such testimony is always unreliable. Thus, in Arkansas, an accused's testimony is limited to matters that he or she can prove were remembered <u>before</u> hypnosis. This rule operates to the detriment of any defendant who undergoes hypnosis, without regard to the reasons for it, the circumstances under which it took place, or any independent verification of the information it produced.

In this case, the application of that rule had a significant adverse effect on petitioner's ability to testify. It virtually prevented her from describing any of the events that occurred on the day of the shooting, despite corroboration of many of those events by other witnesses. Even more importantly, under the court's rule petitioner was not permitted to describe the actual shooting except in the words contained in Doctor Back's notes. The experts description of the gun's tendency to misfire would have taken on greater significance if the jury had heard petitioner testify that she did not have her finger on the trigger and that the gun went off when her husband hit her arm.

In establishing its per se rule, the Arkansas Supreme Court simply followed the approach taken by a number of States that have decided that hypnotically enhanced testimony should be excluded at trial on the ground that it tends to be unreliable. Other states that have adopted an exclusionary rule, however, have done so for the testimony of <u>witnesses</u>, not for the testimony of a <u>defendant</u>. The Arkansas Supreme Court failed to perform the constitutional analysis that is necessary when a defendant's right to testify is at stake.

Although the Arkansas court concluded that any testimony that cannot be proved to be the product of prehypnosis memory is unreliable, many courts have eschewed a per se rule and permit the admission of hypnotically refreshed testimony. Hypnosis by trained physicians or psychologists has been recognized as a valid therapeutic technique since 1958, although here is no generally accepted theory to explain the phenomenon, or even a consensus on a single definition of hypnosis. The use of hypnosis in criminal investigations, however, is controversial, and the current medical and legal view of its appropriate role is unsettled.

Responses of individuals to hypnosis vary greatly. The popular belief that hypnosis guarantees the accuracy of recall is as yet without established foundation and, in fact, hypnosis often has no effect at all on memory. The most common response to hypnosis, however, appears to be an increase in both correct and incorrect recollections. Three general characteristics of hypnosis may lead to the introduction of inaccurate memories: the subject becomes "suggestible" and may try to please the hypnotist with answers the subject thinks will be met with approval; the subject is likely to "confabulate," that is, to fill in details from the imagination in order to make an answer more coherent and complete; and, the subject experiences "memory hardening," which gives him great confidence in both true and false memories, making effective cross-examina-

tion more difficult. Despite the unreliability that hypnosis concededly may introduce, however, the procedure has been credited as instrumental in obtaining investigative leads or identifications that were later confirmed by independent evidence.

....We are not now prepared to endorse without qualifications the use of hypnosis as an investigative tool; scientific understanding of the phenomenon and of the means to control the effects of hypnosis is still in its infancy. Arkansas, however, has not justified the exclusion of all of a defendant's testimony that the defendant is unable to prove to be the product of prehypnosis memory. A State's legitimate interest in barring unreliable evidence does not extend to per se exclusions that may be reliable in an individual case. Wholesale inadmissibility of a defendant's testimony is an arbitrary restriction on the right to testify in the absence of clear evidence by the State repudiating the validity of all posthypnosis recollections. The State would be well within its powers if it established guidelines to aid trial courts in the evaluation of posthypnosis testimony and it may be able to show that testimony in a particular case is so unreliable that exclusion is justified. But is has not shown that hypnotically enhanced testimony is always so untrustworthy and so immune to the traditional means of evaluating credibility that it should disable a defendant from presenting her version of the events for which she is on trial.

The Dissenting Opinion

Chief Justice Rehnquist, with whom Justice White, Justice O'Connor and Justice Scalia join, dissenting.

...Like the Court today, the Arkansas Supreme Court observed that a hypnotized individual becomes subject to suggestion, is likely to confabulate, and experiences artificially increased confidence in both true and false memories following hypnosis. No known set of procedures, both courts agree, can insure against the inherently unreliable nature of such testimony. Having acceded to the factual premises of the Arkansas Supreme Court, the Court nevertheless concludes that a state trial court must attempt to make its own scientific assessment of reliability in each case it is confronted with a request for the admission of hypnotically induced testimony. I find no justification in the Constitution for such a ruling.

In the Court's words, the decision today is "bottomed" on the recognition of Rock's "constitutional right to testify in her own defense."...the principles identified by the Court as underlying this right provide little support for invalidating the evidentiary rule applied by the Arkansas Supreme Court...

the Court candidly admits that the increased confidence inspired by hypnotism makes "cross-examination more difficult," thereby diminishing an adverse party's ability to test the truthfulness of defendants such as Rock...

...the Court barely concerns itself with the recognition, present throughout our decisions, that an individual's right to present evidence is subject always to reasonable restrictions. Indeed, the due process decisions relied on by the Court all envision that an individual's right to present evidence on his behalf is not absolute and must often times give way to countervailing considerations...The Constitution does not in any way relieve a defendant from compliance with "rules of procedure and evidence designed to assure both fairness and reliability in the ascertainment of guilt and innocence." Surely a rule designed to exclude testimony whose trustworthiness is inherently suspect cannot be said to fall outside of this description.

This Court has traditionally accorded the States "respect...in the establishment and implementation of their own criminal trial rules and procedures."...One would think that this deference would be at its highest in an area such as this, where, as the Court conceded, "scientific understanding...is still in its infancy."

...The Supreme Court of Arkansas' decision was an entirely permissible response to a novel and difficult question....requiring the matter to be considered res nova by every single trial judge in every single case might seem to some to pose serious administrative difficulties. But until there is a much more general consensus on the use of hypnosis than there is now, the Constitution does not warrant this Court's mandating it sown view of how to deal with the issue.

The following is from Roy Udolf's commentary on the Rock v. Arkansas decision.

The question may be asked, if neither experts nor the witness can distinguish between fact and fantasy in hypnotically stimulated testimony, how can a jury be expected to? The answer is a pragmatic one. Someone has to, and under our legal system this burden traditionally falls on the jury. An exclusionary rule of evidence does not avoid this decision: It simply places it in the hands of the legislature or the courts, who must make it abstractly without the benefit of knowing how well or how poorly the hypnotic testimony fits in with the other evidence in the case.

While an expert may be unable to assess the accuracy of posthypnotic testimony in a vacuum, the Court declined to find that it is not subject to effective evaluation. While citing no research on the subject (and the author is unaware of the existence of any such needed research), the Court did not believe that enhanced confidence in the truth of his/her testimony renders a witness immune to effective cross-examination....

Equally important, the majority opinion implied that the accuracy of hypnotically refreshed memory may be confirmed or repudiated by observing how well it fits in with the other evidence in the case. In the case at hand, the defendant's memories were corroborated by the gunsmith's testimony.

The majority of the United States Supreme Court, by noting in its decision that it is possible for hypnotically refreshed testimony to be true, implied that testimony should not be rendered inadmissible per se unless it is of a type which could not be true except by chance (such as the pronouncements of a spiritualist). If a properly instructed jury cannot be trusted to evaluate

hypnotically refreshed testimony because it is often unreliable, how can it be expected to deal with accomplice testimony which is usually given in exchange for a favorable plea bargain or a reduced sentence or with the conflicting medical testimony so common in personal injury actions? If a jury can render an intelligent decision in the latter cases why can it not do so in the former?

Is it reasonable to have differing rules of evidence for different kinds of unreliable evidence? As Justice Kaus noted in his dissent in People v. Shirley (1982), if the same standards of reliability that are imposed on hypnotically refreshed testimony were applied to ordinary witnesses, most of them would be unable to testify in a criminal case. The decision in Rock v. Arkansas may indicate some leaning towards this position by the Supreme Court of the United States because of the way the majority disposed of the psychological issues raised. Whether it does or not, however, the case holds that a state may not bar hypnotically refreshed testimony by a defendant in a criminal case, solely because of the fact that hypnosis was used to jog his or her memory. Hence, defense lawyers may now employ investigations involving hypnotizing of the defendant without fear of losing his/her testimony in jurisdictions restricting the use of hypnosis on witnesses. Such procedures will still be subject to court scrutiny, however, for while the Rock decision prevents a state from excluding the hypnotically refreshed testimony of a defendant in a criminal case on a per se basis, it does not require the admission of such testimony if it can be shown to be unreliable in a particular case because of faulty technique.



The following is new, original, never-published-before material (hopefully the first of many such items -- hint, hint). Nicholas Reiter describes himself as an engineering technician who has been investigating Tesla coil effects, anomalous electro-static phenomena, and bio-electric and bio-magnetic interactions since his high-school days.

Mr. Reiter describes his work in the report below. I present it for your interest and comments.

You can write Mr. Reiter at 541 West Stone St., Gibsonburg, Ohio 43431.

The Magnetic Implant Response: A Summary of Experimental Observations

by Nicholas A. Reiter
16 April 1991

In January and February of 1991, experimental observations were made which may open new doors to the understanding of the nature and mechanics of the UFO abduction experience.

These experiments and tests were engineered by a colleague (AR) and myself in the autumn of 1990. They were then conducted in the Dallas, Texas area by AR, with the assistance of several volunteers from the local UFO abductee "community."

Our objectives were, and remain, simple and functional:

1. Can the UFO abduction process be understood in the terms of a specific technology?

2. Can the abduction implant devices, recalled so often under hypnosis, be objectively detected, studied, and possibly neutralised by electrical, magnetic, or otherwise energy-related means?

3. Can a system of defense be developed against the abduction protocol?

The goals remain firm in our sights. They form the core basis for all of the experimental work carried out by AR and myself. For the benefit of the reader, it would be wise, at this time, to also give a brief outline of the assumptions which underlie items 1 thru 3 above:

A. There exists an intelligence, of unknown origin and nature, which is currently carrying out an agenda of experimentation, manipulation, and/or resource acquisition using the human race, or certain members thereof, as unwilling subjects.

B. The agenda given in assumption A is being carried out with the use of a highly advanced technology.

C. This technology appears to be, at least partially, based on forms of energy, or energy-matter relationships, which are currently unknown to, or unacknowledged by, classical physics.

D. The human race has the undeniable right to defend itself to the best of its ability, against the abduction agenda.

The first set of experiments conducted by AR involved trying to find a means to elicit a tangible, objective response from abduction implant devices.

My notebook tells me that on 30 December 1990, I received a telephone call from AR at 22:30 EST. She called to inform me that earlier in the evening, the first of her experiment volunteers had felt a "weird" sensation

when a large (flux density measured at approximately 2000 gauss) horseshoe magnet had been held up to the region of the volunteer's head where, under hypnosis, the volunteer had recalled aliens "doing something to her." The sensation was extraordinarily vivid and disturbing to the volunteer. It seemed to have both a mental and a physiological nature. In nearest terms, it was a "panic" response, a mental feeling of terror or extreme apprehension, coupled with a verified rise in pulse rate and perspiration.

The volunteer, henceforth known as V-#1, said that the "panic response" seemed to duplicate the feeling that she had been subject to in the past, shortly before an abduction-related event would occur. Over the course of the following week, several different tests were conducted with the assistance of V-#1.

1. A large electromagnet (1000 turns of #14 wire wrapped around an iron core) was substituted for the horseshoe magnet. This coil was energised by both 110VAC and 6VDC, in different tests. The "response" for both the AC and DC fields was of a much smaller magnitude than that caused by the horseshoe magnet, though the symptoms were similar.

2. While the horseshoe magnet was being used to elicit the "response" (henceforth known as the MIR - magnetic implant response), a piece of steel was slid across the poles. The purpose of this action was to divert the magnetic flux away from any region external to the magnet. When the steel diverted the flux, the MIR went away.

I had engineered this test to explore the possibility that the MIR might be induced by a "virtual state" or vector field that would still theoretically be present in the absence of the actual flux lines. This, apparently, is not the case, and the virtual field idea was set aside for now.

3. The MIR seemed to first appear when the magnet was moved to within about eighteen inches of V-#1's response region. From this threshold distance inward, the intensity of the effect increased.

4. The Tesla Coil Suppression Effect (TCSE) was discovered. This will be discussed later.

On 8 January 1991, I was informed by AR that a second volunteer-abductee had been tested with the large horseshoe magnet, and had experienced the MIR. The symptoms experienced by this volunteer (V-#2) were virtually identical to those experienced by V-#1. As an interesting and positive highlight, it was noted that no communication regarding the magnet experiments had passed from V-#1 to V-#2 prior to V-#2's test. This observation helps to reduce the possibility that V-#2's response was a placebo effect.

Over the course of the following month, two more volunteers were tested for the MIR (V-#3, V-#4). V-#3 tested positive, with consistent symptoms. V-#4, however, felt no response or sensations.

Obviously, no concrete conclusions on the relationship of the MIR to the abduction experience can be drawn at this point. However, one significant piece of information regarding the cases of volunteers one through four should be noted here. Volunteers 1,2, and 3 are "classical" abductees, though obviously their specific experiences and ordeals were different. Each recalled, during either regression, or waking memory, the phenomena most often experienced by those who have been repeatedly abducted: Grey entities, quasi-medical protocols, possible implant insertion, etc. Volunteer #4's abduction experiences were quite "non-standard" and may involve an entirely different phenomenon.

These four cases comprise the whole of the MIR testing conducted by AR, in the Dallas, Texas area.

On 2 January 1991, at 23:30 EST, I received a phone call from AR, the purpose of which was to inform me of another major discovery relating to the MIR. This particular experiment had been conducted with the assistance of V-#1.

V-#1 was checked for the MIR. Results were positive. Following this, the volunteer was seated in front of a table where an 18" tall spark-gap Tesla Coil was set up (exact construction details are available upon request). The circuit was turned on for several minutes. (The oscillator's power level was adjusted at the spark gap to produce a 4" discharge at the secondary terminal).

Following the exposure to the field of the Tesla Coil, V-#1 was re-tested for the MIR. The results were absolutely negative. The MIR had vanished. V-#1 was tested again, approximately twenty-four hours later, and the results were still negative. I was informed by AR that on 8 January 1991, V-#1's MIR had finally returned, though at a considerably lower level of magnitude than before the Tesla Coil exposure. From this observation, I inferred that the MIR had not been eliminated, but had been "deadened," or stunned temporarily.

At that time, V-#2 was similarly tested with the Tesla Coil. The results were identical. The MIR was suppressed.

To date, only two volunteers, V-#1 and V-#2, have worked with either AR or I on the Tesla Coil Suppression Effect (TCSE).

Another interesting Tesla Coil effect was noticed by V-#1 during January and February of 1991. V-#1 was given the Tesla Coil to keep and use at her home. On several occasions, specifically on certain evenings, V-#1 would get the feeling that unseen entities were nearby. She found that by powering up the Tesla Coil, this sensation would vanish, as though the Coil was disrupting or driving away the invisible force.

This, then, is a complete summary of the informal, yet extremely promising experiments conducted by AR during the winter of 1990-91. As of the date of the writing of this report, AR is no longer involved with MIR or TCSE experimentation of any kind, and is currently devoting her research time to abductee support services. She is a real trooper, and a dear friend, and I shall take this opportunity to thank her wholeheartedly for her dedication and work!

Since February of this year, I have endeavoured to conduct some MIR testing of my own. My protocol has taken a somewhat different course than AR's, mainly because of a total lack of volunteers who are also acknowledged abductees. I chose instead to try a "random test" approach. Friends, family, acquaintan-

ces, and business associates were tested for the MIR voluntarily.

My protocol is rather simple. The subject is told that some people seem to be able to sense magnetic fields, for unknown reasons, and that I would like to determine if they (the volunteer) can also.

The volunteer is seated in a comfortable chair. A galvanic skin response monitor is attached to the second and third fingers of the left hand. The volunteer is then shown the test magnet (identical to the one used in the Texas experiments) and is told that the magnet will be moved around near their head. The volunteer is asked to verbalise any feelings or sensations that may arise during the test.

The volunteer is blindfolded, and two or three minutes are taken for the GSR monitor to settle out. At this point in time, the horseshoe magnet is slowly and randomly moved around the volunteer's head. Spacing between magnet and head is kept as close to two inches as possible, at all positions.

Sensations, feelings, and GSR monitor response are observed and recorded, if any occur. When done, the volunteer is courteously thanked for their time and assistance. If permitted, I have recorded the age and occupation of the volunteer, as well as their name and test results.

As of the time of the writing of this report, I have tested twenty-four individuals for the MIR. My intention is to personally test one hundred persons total, before I cal this particular experiment complete.

The twenty-four volunteers tested so far have presented a fairly wide assortment of ages, sex and backgrounds. Out of the twenty-four, I have found five individuals who have responded to the magnet. In these five cases, one or more of the following response characteristics was noted in each case:

1. A feeling of apprehension or panic. "Hair rising up on neck; adrenalin pumping..."
2. A sensation of pressure, or tightness (uncomfortable).
3. A feeling of disorientation.
4. Dark, formless shapes, moving gainst closed eyelids.
5. Uncontrollable hand and finger twitching.

None of the five positive response cases were totally identical in symptom. However, the following characteristics were common to all five cases.

1. The feeling was weird and unpleasant.
2. Extreme nervousness and anxiety was produced.
3. The effect was vivid and definite.
4. The GSR monitor tone went up, indicating an increase in bodily perspiration.
5. The response occurred at a single, definite location on each volunteer's head.

Item number 5 from the above list may prove to be a valuable clue to uncovering the ultimate nature of the MIR. For the reader's reference, I have listed here the specific MIR regions found so far.

Case #6 - Behind and below left ear.

Case #2 - Left temple (in front of, and slightly above left ear).

Case #3 - Above nose, somewhere "between and behind eyes."

Case #13 - Left temple.

Case #21 - Above and slightly behind left ear.

Upon completion of my one hundred volunteer experiment, a complete report will be generated.

In addition to my random testing, I have conducted one reasonably controlled blind (not double blind) test with the assistance of the volunteer from Case #6.

On the morning of 31 March 1991, I took my MIR test magnet and sealed it inside of a small cardboard box. I procured two similar boxes, and affixed dummy weights (non-metallic or magnetic) inside. It should be noted that the magnet had been carefully placed within its box so that the poles were "aimed" out of the one end. This end of the box was externally marked with an arrow. The other two boxes were marked identically with the magnet box.

That evening, at 18:45 EST, the volunteer from Case #6, "Dennis," was shown the three sealed boxes. He was told that one of them contained the test magnet and that the other two did not. Dennis was seated, blindfolded, and hooked up to the GSR monitor. A third, unconnected party, was asked to randomly choose one of the boxes. A box was selected.

I took the chosen box and slowly moved it around Dennis's head. When the box passed over the MIR region discovered in the original test, Dennis exclaimed, "That's it! I can feel it!" The GSR monitor went hard peg positive. Dennis's blindfold was removed, and the selected box was opened. The box indeed contained the magnet.

One final, peculiar observation was made at the close of the blind test. After removing the magnet from its box, and recording my notes, I once again held the magnet up to Dennis's head. This time, Dennis felt no sensation at all. The MIR had spontaneously vanished!

This experiment, in my opinion, vividly demonstrated the real, objective nature of the MIR.

In the Texas experiments, all of the volunteers were acknowledged UFO abductees. I am currently conducting some casual interviews with the five positive responding volunteers from my own tests, to determine whether or not there are any UFO abduction-related events in their own personal histories.

Two of the five MIR experiencers have had odd psychic or "ghost" related incidents in their past. Another says that she recalls having dreams about large four-foot-tall insects in her bedroom as a child Yet another saw a large "V" shaped UFO a number of years ago. Only time and more conversation will tell.

This report is a complete summary of the discovery of the MIR and the TCSE, and of the related experiments conducted by AR and myself.

What was found and observed by us must be extrapolated, confirmed and explored by other researchers. Both AR and I believe that these effects are real. We also believe that the MIR and the TCSE, if proven valid and studied, may unlock and open a new door to the understanding of bio-energetic relationships, and the UFO enigma. It will take time and resour-

ces, both human and material, but the pay-off will be grand.

By profession, I am an engineering technician. My approach to the MIR has reflected that background. I hesitate to form any one theory about the nature of the MIR and TCSE. I cannot even say that the effects are undeniably implant-related. Perhaps a natural, in-born magnetic sense is at work here. I subscribe to a number of pet ideas about the nature and purpose of implants, how abduction mind control is achieved, and about UFO technology in general. And while I will be glad to discuss my ideas with any interested party, at this time, and in this forum, I can present only that which AR and I have seen with our own eyes.





Personality Characteristics of Persons Reporting Experienced Anomalous Trauma: What We Know From Questionnaire Data, The MMPI, 16-PF, MBTI, NEO-PI, and WAIS

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Excerpts from a paper prepared for the Third Conference on Treatment and Research on Experienced Anomalous Trauma, Kansas City, MO, March 7-10, 1991. Because of space limitations I have reproduced the complete text of only the abstract and conclusions.

Abstract

Reviews the current literature and latest research findings on the personality characteristics of those persons reporting experienced anomalous trauma (EAT), including data on those who claim to have been abducted by UFO aliens. Results from the MMPI, 16-PF, Myers Briggs Type Indicator, NEO-PI, and Wechsler Adult Intelligence Scale (WAIS) are summarized and discussed. The viability of the fantasy-prone personality hypothesis as a likely psychological mechanism for explaining these claims is examined. Evidence for psychopathology as well as individual differences within the range of normal adult behavior are presented. Data on hypnotic suggestibility, dissociative experiences, self-reported childhood experiences with fantasy proneness, and subjective psychic experiences are also discussed.

(Dr. Johnson reviews research findings from the following sources:

- *Slater (1985): Blind evaluations of the psychodiagnostic test batteries of nine alleged UFO abductees.*
- *Ring and Rosing (1990): Comparative study of UFO close encounter experiencers and near-death experiencers, with control groups (the Omega Project discussed in the last Bulletin).*
- *Stone (1989): MMPI results from 18 subjects who had conscious recall of a UFO abduction scenario and a period of missing time.*
- *Parnell (1986, 1988) and Parnell and Sprinkle (1990): MMPI and Sixteen Personality Factors (16-PF) profiles of 225 persons who claim to have had UFO experiences.*
- *Rodeghier, Goodpaster & Blattterbauer (personal communication): MMPI, ICMI and Creative Imagination Scale (CIS) scores from 16 UFO abduction experiencers who had at least partial conscious recall of the event unaided by hypnotic regression.*
- *Johnson (1991): Myers-Briggs TYpe Indicator (MBTI) and NEO-PI personality test results on five EAT claimants.*
- *Analysis of Personality Assessment System (PAS) classification for 20 EAT claimants in the PAS database maintained by Dr. David Saunders.)*

Conclusions

1. It is reasonable to conclude that some of the individuals reporting UFO abduction and contact experiences have personality profiles that lead one to doubt the veracity of their accounts. This conclusion is based in part on the PAS* reference group membership of some of the EAT claimants to reference groups consisting of rather immature, unstable, and untrustworthy individuals, and in part upon the finding of some "markedly elevated" profile scores on scales F ("faking"), 6 ("Pa"--oversensitivity to criticism possibly accounted for by paranoid tendencies), and 8 ("Sc"--divergent thinking possibly accounted for by schizoid processes) on the MMPI in the Parnell and Sprinkle data.

2. There does not seem to be very much support for fantasy proneness being a likely cause of the reported cases of experienced anomalous trauma from the data collected to date. Not only have Ring & Rosing (1990) and Rodeghier et.al. (personal communication) failed to find significant relationships, but it is also clear from the

standardized psychological test data that most EAT claimants do not fall into that small group (by some estimates 4% of the population) who have extensive and deep involvement in fantasy. Individuals reporting abduction experiences do appear to have slightly elevated scores for openness to fantasy, but not outside the normal range. If the EAT claimants were fantasy-prone personalities, then they would have quite elevated scores on either the ICMI scale or the Childhood Experiences Inventory developed by Ring and Rosing.

Despite the claims made by Bartholomew and Basterfield (1990), utilizing the full range of test instruments as developed by Lynn and Rhue (1986, 1987, 1988) or Barber and Wilson (1978) is not what is needed next. There is no plausible benefit to be derived from doing this. Wilson and Barber developed their heterogeneous ICMI scale as a screening device to identify members of that select group of individuals who fantasize a large part of the time, and who truly experience ("see", "hear", "smell", "touch") what they fantasize through hallucinating voluntarily. Once identified, their fantasy proneness should then be confirmable through behavioral observation. While willing to grant that Whitley Strieber's recounted experiences in the book Communion seem to fit the pattern of a fantasy-prone-personality type (Bartholomew and Basterfield, 1988), the life histories of many of the other EAT claimants fail to fit that pattern.

What is needed is better conceptualization of the explanatory constructs. A stronger distinction needs to be made between fantasy proneness, dissociative experiences, psychic experiences, and hypnotic suggestibility. As Ring points out, factor analysis has shown that his measure of fantasy-proneness is conceptually quite different from his measure of sensitivity to non-ordinary realities. More study of the relationships between dissociation, hypnotic susceptibility, subjective psychic experiences, and EAT experiences are needed.

To date no strong relationships have emerged between hypnotic suggestibility and self-reported psychic experiences, leading one to suspect that heightened hypnotic susceptibility may not be a very likely explanation for the EAT experience either. Although Myers and Austrin report moderate correlations between fantasy-proneness and ESP experiences, and relate the cause of the parapsychological experiences to a form of fantasizing bordering on waking hallucinations, it is difficult to know if this is the correct interpretation to put on these correlations. When one encounters correlations in the .20 to .40 range, it is often not enough to just have the figures. It is usually prudent to examine the bivariate scatter plots underlying those numbers. It may be that only those with higher fantasy-proneness scores report psychic experiences, but it may also be the case that both low and high scorers on fantasy-proneness report ESP experiences.

3. Many individuals reporting abduction experiences do seem to have personality profile data that are in accord with the hypothesis that they have experienced a serious traumatic event. Based on limited data, it appears that some have a heightened sense of vigilance, and more threat sensitive than would normally be expected. The self-report personality questionnaires, the projective test results, and the indirect assessment of personality based upon the WAIS all suggest that many of these individuals are less socially adept, ill at ease in interpersonal relationships, vulnerable to rejection, and lack a strong sense of identity.

Some believe that because EAT claimants also report significantly higher rates of childhood physical and sexual abuse, the UFO abduction scenarios represent an attempt by the victim to create a screen memory to protect oneself from intolerable information and overwhelming affect. Laibow (1989) points out that if this is so, it is perplexing that the victim consciously recalls and reports the abuse which is supposed to be intolerable for him or her to recall, and raises the interesting question of why the repression of an intolerable trauma is completely unaccomplished and the trauma coexists with its protective screen memory.

The PTSD hypothesis needs to be pursued further by comparing the psychological profiles of EAT claimants to those of rape and child abuse victims. Those EAT claimants reporting childhood abuse should be analyzed as a separate subgroup from those who do not report such experiences.

4. The findings on psychological characteristics do not settle the ultimate question of what the true source of the UFO experience is. Ring and Rosing are correct to point out that, if you believe in the existence of extraterrestrials, you can make a case from the data that they are somehow selecting especially vulnerable, psychically sensitive people for these experiences. Similar arguments can be constructed for other alternative explanations. At this point, one can impose a variety of interpretative templates on the data, and make them fit whatever your favored schema might happen to be. However, the role of psychological factors in the UFO abduction experience has been sufficiently demonstrated, and must be acknowledged as an important source of clues to providing definitive answers and possibly an ultimate resolution to the UFO question.

5. The fact that Rodeghier et.al. have found personality characteristics to be important predictors of certain aspects of the UFO abduction experience, suggests that progress towards understanding the dynamics of the EAT could be made by developing a concise method of categorizing the various aspects of these experiences. It seems reasonable to believe that there might be different underlying causes and dynamics to these reported experiences, and that more would be gained by analyzing the psychological characteristics of subgroups of EAT claimants, rather than merely lumping them altogether into one category.

* [Personality Assessment System identifies an individual's personality profile as belonging to one of 104 reference groups]



About Bulletin of Anomalous Experience

Bulletin of Anomalous Experience is a networking newsletter about the UFO "Abduction" phenomenon and related issues for interested scientists and mental health professionals.

BAE provides a forum for dissemination of information and insights, and ongoing debate. We try to "comfortably tread the narrow path between the groves of academia and the dust and heat of the market-place, inquiring and suggesting, not asserting or insisting" (in the words of Hilary Evans). If you have something to say, here is a place to say it. If you have a question or a problem, here is a place to ask for help.

How BAE Works

BAE is contribution-driven, and ideally will evolve to function as a paper equivalent of a computer bulletin board system (which we might have set up instead of this newsletter, except that a poll of the potential readership showed that fewer than half owned modem-equipped computers). I have also been presenting some relevant excerpts from the medical literature in each issue, usually regarding hypnosis, both to edify and to stimulate discussion.

Frequency of publication is nominally bimonthly, but may turn out to be more often if the volume of contributions warrant.

When you're done with this issue, write me! Tell me what you think of this issue. What are your experiences (personal and clinical), your conclusions, your questions? What topics do you think should be covered? If you prefer to be anonymous, that's perfectly fine.

If you are sending me correspondence about items in the Bulletin, I am assuming that you are providing permission to print all or part of it here. If you wish to send me a confidential or personal letter, that's fine too, but please specify in your letter that it is not to be printed. (Most of the time this is obvious, but better safe than sorry).

If you have lengthly contributions, you might consider sending me a diskette rather than a hard copy, since that saves me the trouble of keying the material in. I can accept 5 1/4" (1.2 meg) or 3 1/2" diskettes on my 386 system. I am running WordPerfect 5.0 but can also work with ASCII files.

I can also be contacted on CompuServe (72037,737) and the WELL (drdave).

Copyright Information

Subscription Information

Distribution is limited to mental health professionals and interested scientists. (I have referred some would-be subscribers who do not fall under either of these categories to some of the other fine publications that disseminate news in this area to a more general audience.)

Requests for subscriptions (at $20 per calendar year, a real bargain!) are welcome. A set of back issues from 1990 is also $20. Cash or money orders would be preferred to cheques -- my bank charges big bucks to deal with cheques drawn on U.S. banks. Write to:

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